

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. Y-03/10-158  
 )  
Appeal of )

INTRODUCTION

The petitioner appeals the decision by the Department for Children and Families, Economic Services Division, Health Access Eligibility Unit (HEAU) terminating her VHAP benefits and not retroactively reinstating her coverage following the petitioner's failure to pay her premium in a timely manner. The facts in the case are not in dispute. However, based on the representations of the parties at a telephone conference held on June 4, 2010, the matter must be considered moot.

FINDINGS OF FACT

1. In February 2010 the petitioner was enrolled in VHAP, subject to the payment of a monthly premium of \$7 based on her income.
2. On January 28, 2010 the Department sent the petitioner a bill for \$7.00 which was noticed to be due by February 15, 2010.
3. On February 17, 2010 the Department sent the petitioner a notice that her VHAP benefits would end on

February 28, 2010 unless she paid her premium before that date.

4. The petitioner did not pay her premium until March 10, 2010. The Department reinstated her VHAP coverage March 11, 2010.

5. The petitioner concedes that she did not incur any medical expenses during the period March 1-March 10, when her VHAP was closed.

6. The parties agree that the petitioner's VHAP was noticed to close on April 30, 2010 for other reasons, which were resolved prior to that closure date, resulting in no subsequent loss of coverage. (The petitioner requested her hearing in this matter on March 24, 2010.)

7. At the status conference on June 4, 2010 the petitioner was advised to apply for prior approval for a particular medical procedure she wishes to have done, coverage for which is entirely unrelated to any of the above issues.

ORDER

The petitioner's appeal is dismissed as moot.

REASONS

Based on a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain the public health care assistance programs, the Department has adopted regulations establishing monthly "premiums" to be paid prospectively for VHAP. The regulations require that coverage be terminated if an individual does not pay the required program fee by the billing deadline. In this case there is no dispute that the petitioner did not pay her required program fee for March 2010 by the February 28, 2010 deadline and that she was duly and timely notified by the Department of the closure of her benefits as of that date.

However, there is also no dispute that the Department reinstated her VHAP coverage effective the day after she paid her premium (March 11), and that she has maintained her coverage since that time. Although there are no provisions in the regulations for retroactive reinstatement of coverage upon receipt of a late premium payment, the matter is moot because the petitioner admits she did not incur any medical expenses during the period she was not covered. Therefore, the petitioner's appeal must be dismissed. 3 V.S.A. § 3091(d), Fair Hearing Rule 1000.4D.

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